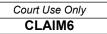
CLAIM FOR JURY

JD-CL-53 Rev. 6-12 C.G.S. §§ 52-215, 52-258 Pr. Bk. §§ 14-4, 14-8, 14-10

STATE OF CONNECTICUT SUPERIOR COURT

www.jud.ct.gov





Instructions

- 1. This claim must be accompanied by the appropriate jury fee (Section 52-258 of the Connecticut General Statutes).
- 2. When pleadings are closed, a Certificate of Closed Pleadings (JD-CV-11) must also be filed.

| To: The Superior Court | | | Return date Dec-29-2015 Docket number LLI-CV-15-6013124 | | | | | | |
|---|----------------------------|---|---|--------------------|---|---|--|--|--|
| | | | | | Name of case (Full name of Plaintiff v. Full name of | • | | | |
| | | | | | BLITZ TRUSTEE OF THE RICHARD BLITZ DEFINED PENSION v. LOVEJOY, GLEN Et AI | | | | |
| | | | | | Judicial Housing Geographical Area number | | Address of court (Number, street, town and zip code) | | |
| 15 WEST STREET P.O. BOX 247 LITCHFIELD, CT 06759 | | | | | | | | | |
| This case is claimed for the (A certificate of closed pleadings must be | | • | e inventory o | of jury cases.) | | | | | |
| Claim filed by ("X" one) Plaintiff's Attorney Plaintiff Defendant's Attorney Defendant | | | | | | | | | |
| Name of Law Firm, Attorney, or Self-Represented P | arty | | | | | | | | |
| GASSER LAW FIRM LLC | | | | | | | | | |
| Mailing address (Number, street, town, state and zip code) | | | | Telephone number | | | | | |
| 20 EAST MAIN STREET AVON, CT 06001 | | | | 860-674-8342 | | | | | |
| Certification | | | | | | | | | |
| I certify that this claim is filed in accordance with section 52-215 of the Connecticut General Statutes and that a copy of this document was | | | | | | | | | |
| mailed or delivered electronically or non-electronically on (date)Mar-21-2016 to all attorneys and self-represented parties of record | | | | | | | | | |
| and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery. | | | | | | | | | |
| Name and address of each party and attorney that copy was mailed or delivered to* | | | | For Court Use Only | | | | | |
| ROME MCGUIGAN P.C 1 STATE STREET/HARTFORD, CT 06103 THOMAS BENNECHE - 885 HOPMEADOW ST/SIMSBURY, CT 06070 | | | | | | | | | |
| Signed (Signature of filer) | Print or type name of pers | on signing | Date signed | | | | | | |
| 309481 | EDWARD WALTER GA | ASSER | Mar-21-20 | · · | | | | | |
| Mailing address (Number, street, town, state and zip | | Telephone nu | | | | | | | |
| 20 EAST MAIN STREET AVON, CT 06 | | 860-674-8 | 3342 | | | | | | |
| *If necessary, attach additional sheet or sheet | ts with name and address | s which the copy was mailed or delivere | d to. | | | | | | |